24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)		
American Dental Association Independent Expenditures Committee		
		C C00488338
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
Strategic Impact		M = M / D = D / Y = Y = Y
Mailing Address 1890 Star Shoot Pkwy		07 21 2016
# 17-250		Amount
City State	Zip Code	18165.43
Lexington KY	40509-4566	Transaction ID : EDE143F4422384116AAA Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Runoff-GA-03	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	X Support	Office Sought: X House District: 03
Dr. Drew Ferguson	Oppose	President Senate State: GA
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	110092.01	2016
Full Name of Payee		Date of Public Distribution/Dissemination
Strategic Impact		07
Mailing Address 1890 Star Shoot Pkwy		
# 17-250		Amount
City State	Zip Code	6573.11
Lexington KY	40509-4566	Transaction ID: EFDA5CFF6984A44A79B# Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail-Runoff-GA-03	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	X Support	Office Sought:
Dr. Drew Ferguson	Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	116665.12	Disbursement For: Primary General 2016 Other (specify) ▶ Primary Runoff
	,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		24738.54
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		24738.54
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	•
	ronically Filed] Date	07 22 2016
Signature		